The Impact of Tobacco Use on our Deployed Forces

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Outline

- Introduction
- Deployment & Operational Issues
  - Mobilization (Pre-deployment)
  - Endurance
  - Concealment
  - Night vision
  - Supply issues
- Home
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- Guidance
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- Resources

Smoking on Rise Among U.S. Troops in Iraq

- Health officials are concerned that the smoking rate among the more than 140,000 U.S. troops in Iraq is skyrocketing, as more soldiers use cigarettes to combat stress, boredom, and loneliness, the San Diego Union-Tribune reported Aug. 29 2004.
- Although the Department of Defense has no figures on the smoking rates among deployed troops, returning personnel report high smoking rates. Dennis Amundson, a Navy captain and pulmonologist who returned from Iraq in July 2003, said the number of soldiers and Marines he saw smoking "was shocking."

Other Problems…

- **U.S. Central Command in Feb 2004 contacted reporters to express gratitude about a large donation of cigars to service members. Although several military branches ban free tobacco products, the command accepted some 800,000 cigars and helped ship them to service members overseas.**

Smokeless too…

- Shortly after the Iraq invasion in 2003, a U.S. manufacturer of smokeless tobacco sent samples to deployed Marines. Two members of Congress harshly criticized the company, pointing out it had violated Marine policy against such tobacco giveaways.

And…

- Troops say smoking helps combat the stress, boredom and loneliness that life in a war zone can bring.

Military Tobacco Issues

Smoking and Military Readiness Top 5 List

1. **Smoking is one of the best predictors of military training failure.**
   - Klesges, R.C., et al. (2001) The association of smoking and the cost of military training. *Tobacco Control*, *10*, 43-47.
2. **Smoking among young troops is associated with significant increased hospitalization and lost workdays. Sick and hospitalized troops are not ready for duty.**
   - Robbins, A.S., at al, (2000). Short term effects of cigarette smoking on hospitalization and associated lost workdays in a young, healthy population. *Tobacco Control*, 9, 389-396.
   - CDC (2000). Cost of smoking among active duty U.S. Air Force Personnel – United States. *MMWR*, 49 (20).
3. **Smokers are more likely to perform poorly on military fitness evaluations.**
   - Conway, T.L., & Cronan, T.A. (1992). Smoking, exercise, and physical fitness. *Preventive Medicine*, 21, 723-732.
   - Jensen, R.G. (1986). The effect of cigarette smoking on Army Physical Readiness Test performance of enlisted Army medical department personnel. *Military Medicine*, 151, 83-85.

Military Tobacco Issues

Smoking and Military Readiness Top 5 List (cont)

4. **Smokers are more likely to sustain injuries, particularly musculoskeletal injuries.**
   - Knapik, J.J., et al., (2001). Risk factors for training-related injuries among men and women in basic combat training. *Medicine & Science in Sports and Exercise*, *33*, 946-954.
   - Altarac, M., et al.,(2000). Cigarette smoking an exercise-related injuries among young men and women. *American Journal of Preventive Medicine*, *18*, 96-102.
5. **Smoking is a strong marker for other causes of low readiness, such as alcohol abuse, low physical activity, and illicit drug use.**
   - Haddock, C.K., et al.,(1998). Smoking prevalence and risk factors for smoking in a population of United States Air Force basic trainees. *Tobacco Control*, *7*, 232-235.
   - Kao, T.C., et al.,(2000). Co-Occurrence of alcohol, smokeless tobacco, cigarette, and illicit drug use by lower ranking military personnel. *Addictive Behaviors*, *25*, 253-262.

Note: A much larger literature exists on smoking health readiness-related factors in civilian populations (e.g., physical activity, physical fitness, lost work time, etc).

Military Tobacco Issues

- Will the Department of Defense partner with the tobacco industry to ensure troops get their fix?
- About 1 in 6 (16%) military personnel have died, or will die, as a result of tobacco use. Helyer AJ, Brehm WT, Perino L. Economic consequences of tobacco use for the Department of Defense, 1995. Military Medicine. 1998;163:217-221.
- Direct health care costs for the Dept. of Defense in 1995 due to tobacco use: $584,000,000.00. Helyer AJ, Brehm WT, Perino L. Economic consequences of tobacco use for the Department of Defense, 1995. Military Medicine. 1998;163:217-221.

Operational Issues

- Mobilization (Pre-deployment)
- Endurance
- Concealment
- Night vision
- Supply issues

Mobilization Issues

- **Tobacco directly impacts mobilization readiness:**
  - **Health**
    - **Illness/ poor health habits = loss of readiness**
    - **Support for cessation?**
  - **Supply**
    - **Is the Supply system prepared to support addiction?**
    - **Can members get their “fix”?**
    - **Can Supply system afford the logistics?**
    - **If supply is not there, what happens?**
    - **Do you carry tobacco or bullets?**

Operational Tobacco Concerns

- Endurance
- Concealment
- Mobility
- Night Vision

Night Vision

- Affected by smoked and smokeless tobacco
- Nicotine has a rapid effect on veins and arteries which reduces blood flow throughout the body… robust circulation is important the eyes and their function
- Finally, and very critical to night vision is the inhibitory effect nicotine has on the production of visual purple or rhodopsin.
  - Nicotine has been shown to cease the formation of photoreceptors extremely similar to the human eye's rhodopsin (Barsanti et al., 2000)
  - Rhodopsin is imperative to night vision as it is the chemical pigment responsible for dark adaptation

THE EFFECTS OF SMOKING / NICOTINE ON NIGHT VISION, Aaron A Lade, January 2004

Nicotine Withdrawal Symptoms

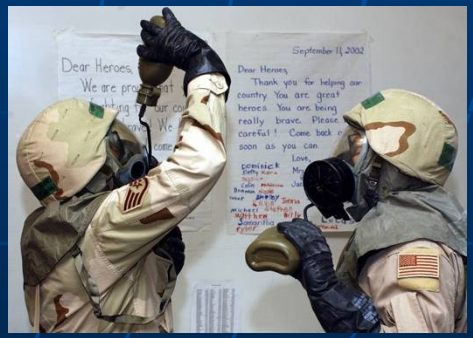
Do you want these on the "Battle Field"?

- **Cravings**
- **Irritability, anger, and frustration**
- **Anxiety and depression**
- **Impaired concentration and restlessness**

EOD anyone???

Operational "Lessons Learned"

- Iraq has provided some valuable "operational insight regarding tobacco:
  - MOPP level
    - How to smoke with mask on?
    - How to spit out "dip spit with mask on?


Dear Heroes,
September 11, 2002
Dear Heroes,
Thank you for helping our country. You are great heroes. You are being really brave. Please careful! Come back soon as you can
Love,

War Injuries

January 2005:More than 10,000 U.S. military service members, including National Guard and Reserve members, have been injured in the conflicts in Afghanistan and Iraq.

Highlights of GAO-05-167, a report to the Ranking Democratic Member, Committee on Veterans' Affairs, House of Representatives

Home Issues: Injury Recovery

"Cigarette smoke delays the formation of healing tissue and sets the stage for increased scarring at the edges of a wound…"

Cigarette Smoke A Culprit in Poor Healing and Increased Scarring
UC Riverside Research Showing How Smoke Complicates Healing Process
(December 3, 2004)

Injury Recovery

- **“Nothing messes up this timing (of the healing process) like cigarette smoke. Clinical studies have consistently shown that individuals exposed to cigarette smoke – whether “first-” or “second-hand”– heal poorly and are more likely to develop scarring and associated diseases.”**

Cigarette Smoke A Culprit in Poor Healing and Increased Scarring
UC Riverside Research Showing How Smoke Complicates Healing Process
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Guidance and Policies

- DoD
  - Multiple committees and working groups
- Service specific policies
- DoD emphasis on Great American Smokeout
- TRICARE initiatives
- Local leadership is the key

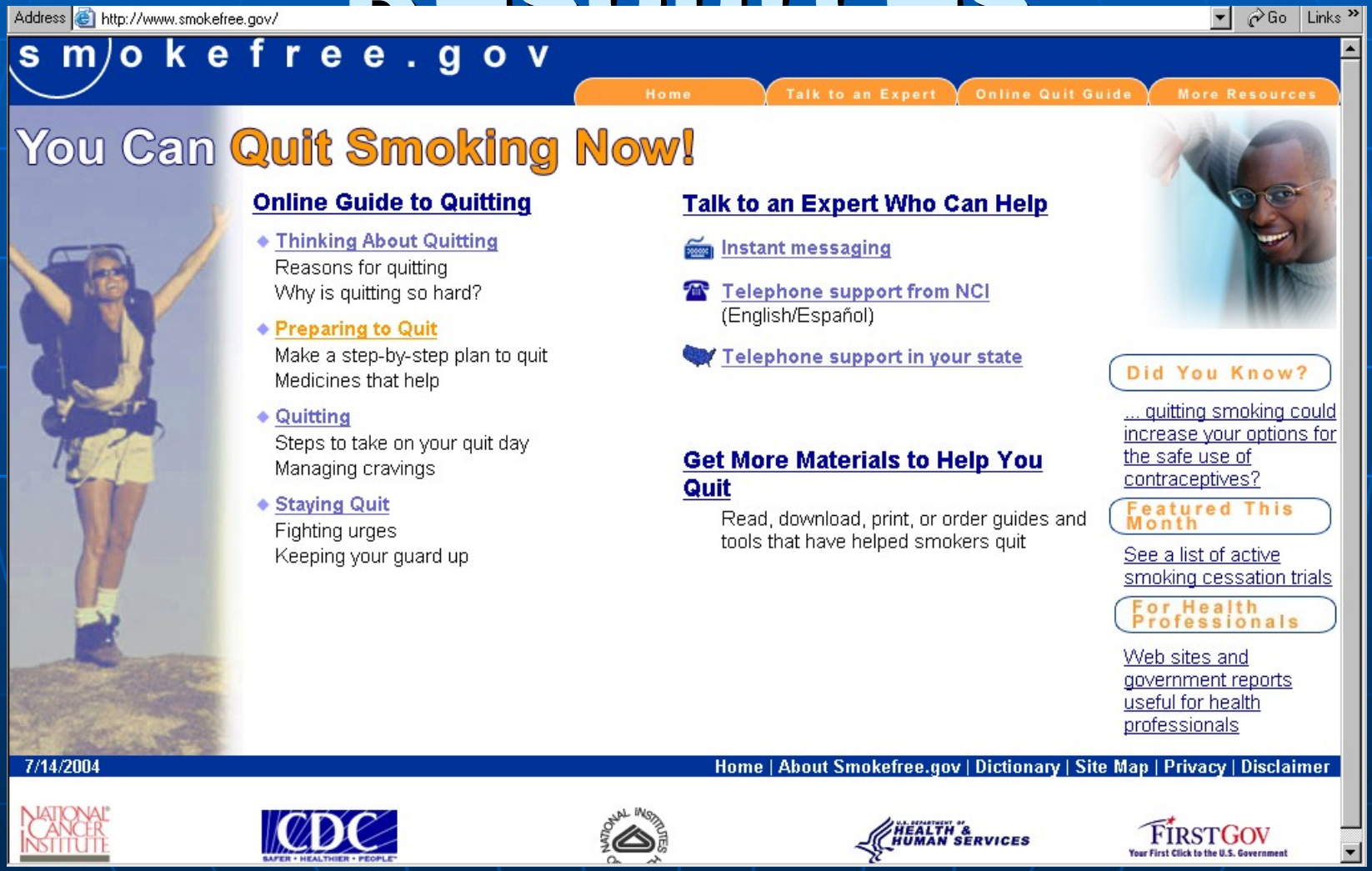
Resources

- DoD/VA Tobacco Cessation Guidelines
- American Lung Association "Freedom from Smoking"
- Cultural specific care
- Clinical care availability
- "One-size does not fit all"

Patient & Provider Resources

- DoD CPG
- Tobacco cessation is a readiness issue
  - http://www.ha.osd.mil/smoking_cessation/default.cfm
- TRICARE Tobacco Cessation Initiative
  - Healthy Choices for Life
  - http://www.tricare.osd.mil/healthychoices/quitsmoke.cfm
  - Links to Service tobacco cessation resources
- WWW.Smokefree.gov
  - 1-800-QUITNOW (1-800-784-8669)
  - Patient education portal
  - Developing cessation intervention protocol

Patient & Provider Resources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Staying Quit
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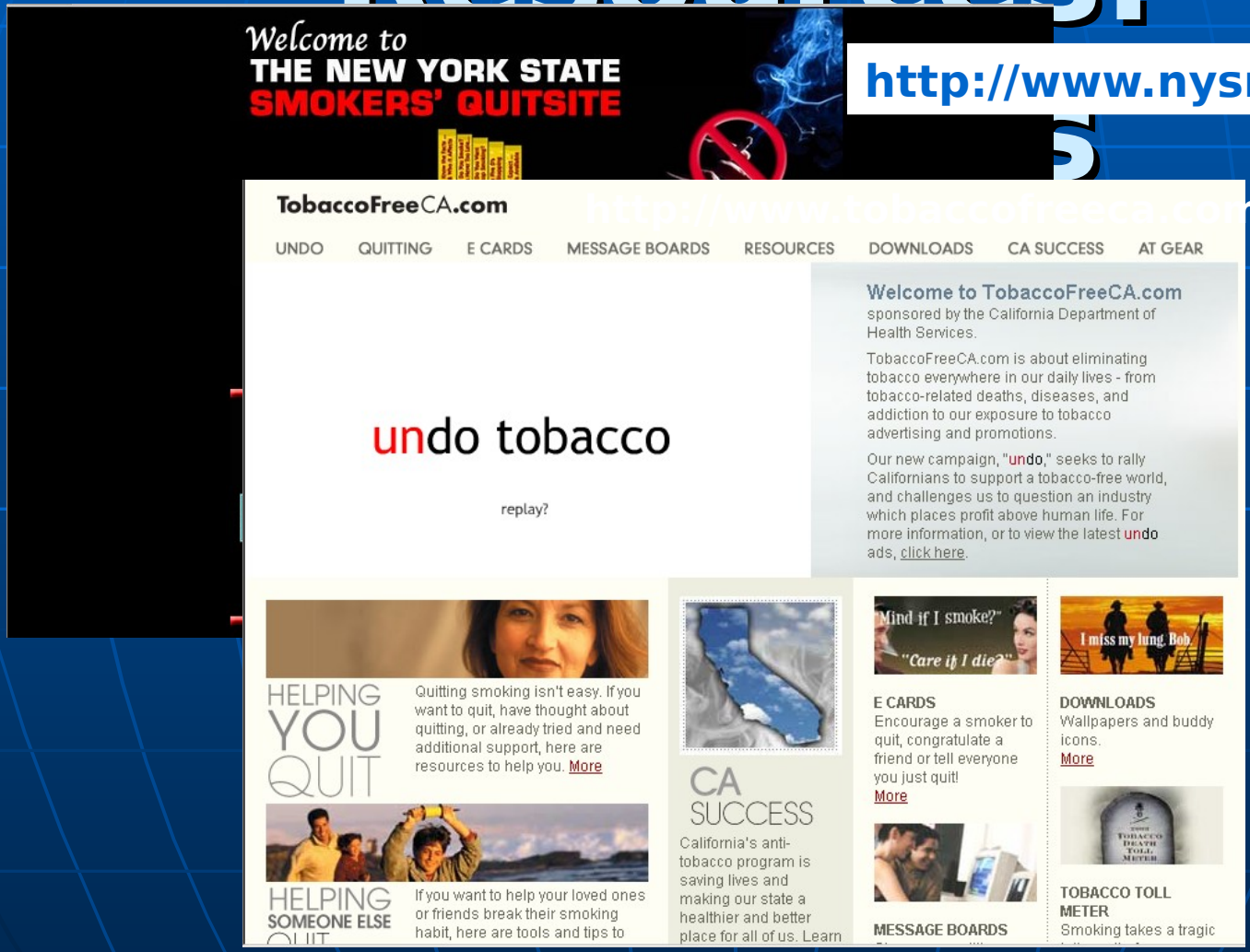
HEALTH & HUMAN SERVICES
FIRSTGOV
Your First Click to the U.S. Government

Patient & Provider Resources: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sponsored by the California Department of Health Services.
TobaccoFreeCA.com is about eliminating tobacco everywhere in our daily lives - from tobacco-related deaths, diseases, and addiction to our exposure to tobacco advertising and promotions.
Our new campaign, "undo," seeks to rally Californians to support a tobacco-free world, and challenges us to question an industry which places profit above human life. For more information, or to view the latest undo ads, click here.
HELPING YOU QUIT
Quitting smoking isn't easy. If you want to quit, have thought about quitting, or already tried and need additional support, here are resources to help you. More
HELPING SOMEONE ELSE QUIT
If you want to help your loved ones or friends break their smoking habit, here are tools and tips to
CA SUCCESS
California's anti-tobacco program is saving lives and making our state a healthier and better place for all of us. Learn
Mind if I smoke?
"Care if I die?"
E CARDS
Encourage a smoker to quit, congratulate a friend or tell everyone you just quit!
More
MESSAGE BOARDS
I miss my lung, Bob
DOWNLOADS
Wallpapers and buddy icons.
More
TOBACCO TOLL METER
Smoking takes a tragic

http://www.nysmokefree.com/

S

http://www.tobaccofreeca.com/index.html

Provider & Staff Training

- Two free Tobacco Cessation CME opportunities
- MedScape
  - Treating Tobacco Use and Dependence
    - CME Credits Available
    - Physicians - up to 1.0 AMA PRA category 1 credit(s)
    - http://www.medscape.com/viewprogram/3607?src=search
  - Smoking Cessation Approaches for Primary Care
    - CME Credits Available
    - Physicians - up to 1.5 AMA PRA category 1 credit(s);
    - Registered Nurses - up to 1.7 Nursing Continuing Education contact hour(s)
    - http://www.medscape.com/viewprogram/3468?src=search

Provider & Staff Training

- **JCAHO will be reviewing tobacco cessation protocols for hospitalized patients**
- **H&HS has a guideline for treating hospitalized patients**
  - **Treating Tobacco Use and Dependence In Hospitalized Smokers**
  - ***Treating Tobacco Use and Dependence. Quick Reference Guide for Clinicians, October 2000. U.S. Public Health Service.***
  - ***http://www.surgeongeneral.gov/tobacco/tobaqrg.htm***

Bottom Line(s)

- Tobacco (nicotine) dependence is a chronic condition that may require long term support
- Tobacco use hurts military readiness
- Tobacco use negatively impacts FHP
- Use of tobacco will negatively impact wound healing and promote severe scarring
- Hospitalized patients must be considered and helped

Contact Information

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Please feel free to contact me if you have any questions or future needs.